



## VERIFY PRESENCE OF ODH WATERMARK

## HOLD TO LIGHT TO VIEW

Reg. Dist. No. 1829

Registrar's No. 1800-2011006837

Ohio Department of Health

VITAL STATISTICS

State File No. 2011062127

500186

## Supplementary Medical Certification

Name of Deceased <b>HOWARD A HAMMON III</b>			
Place of Death <b>Hospital - Emergency Room / Outpatient</b>		Date of Death <b>June 13, 2011</b>	
23. Registrar's Signature <i>Frankie Logton</i>		24. Date Filed <b>SEP 01 2011</b>	
25a. Certifier (Check only one)	<input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.		
26a. Time of Death <b>2345</b>	26c. Date Pronounced Dead (Mo/Day/Year) <b>June 13, 2011</b>	26d. Was Case referred to Coroner? <b>Yes</b>	
26e. Signature and Title of Certifier <i>Frankie Logton</i>	26f. License number <b>35.062126</b>	26g. Date Signed <b>August 31, 2011</b>	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>GILSON, THOMAS P, 11001 CEDAR AVENUE, CLEVELAND, OH, 44106</b>			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) <b>*SUDDEN DEATH IN ASSOCIATION WITH PHYSICAL ALTERCATION, PRONE POSITIONING WITH HANDCUFFING, INTOXICATION BY THE COM-</b>			<b>UNKNOWN</b>
Sequentially list conditions, if any, leading to the immediate cause. b. Due to (or as Consequence of) <b>Binged Effects Of Ethanol, Opiates And Cannabinoids, And Cardiac Hypertrophy.</b>			<b>UNKNOWN</b>
c. Due to (or as Consequence of)			
d. Due to (or as Consequence of)			
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Obesity, Atherosclerotic And Hypertensive Cardiovascular Disease.</b>		29a. Was an Autopsy Performed? <b>Yes</b>	29b. Were Autopsy Findings Available Prior to completion of Cause of Death? <b>Yes</b>
30. Did Tobacco Use Contribute to Death? <b>Yes</b>	31. If Female, Pregnancy Status <b>NOT APPLICABLE.</b>	32. Manner of Death <b>Homicide</b>	
33a. Date of Injury (Mo/Day/Year) <b>June 13, 2011</b>	33b. Time of Injury <b>23:04 ap.</b>	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>INTERSECTION OF</b>	33d. Injury at Work? <b>No</b>
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) <b>Pearl (US 42) And Fowles Road(s) , MIDDLEBURG HEIGHTS, OHIO</b>		33f. Describe How Injury Occurred: <b>See Part I.</b>	
		33g. If Transportation Injury, Specify:	

HEA 2752  
Rev. 01/07THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN  
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS

Required by section 3705.27 of the Ohio Revised Code



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